your health
NETWORK
A NEWSLETTER FOR ALL STATE GROUP INSURANCE PROGRAM PARTICIPANTS
December 2007 Volume 15, Number 2

inside

Urgent Information Regarding Your Address

The United States Postal Service (USPS) has a standard set of abbreviations and formats for delivery addresses. These abbreviations and formats must be used in the state group insurance program's administrative system to determine an employee's county of residence. The county of residence is one of the factors used to determine eligibility for the HMO and POS healthcare options for actively employed participants.

We have been advised that once the new benefits administration enrollment system (Edison) goes online, an incorrectly formatted address could result in the termination of your insurance coverage. If the address format is not correct, the system will not be able to make a valid county match for those enrolled in an HMO or POS and will, therefore, determine that you are not eligible for coverage.

For example, Rural Routes are no longer valid delivery addresses. Or you may have commonly called the street you live on Old City Highway when it is, according to USPS, Old City Pk.

It is essential that your correct address is on file with your agency to ensure that your enrollment in your selected health plan remains in effect. Your agency benefits coordinator may be contacting you if there are any questions about your address in the benefits administration enrollment system.

Our office is required by the USPS to run the address information for our insurance participants against a national change of address file twice yearly. ***This issue of Your Health Network was sent through this change of address process, which includes correcting address formatting.*** Therefore, the mailing address information on this newsletter may not be the exact address that is listed in our administrative system. Please keep this in mind if you receive a call from your benefits coordinator stating that your address needs to be corrected.

You may find out what the preferred format for your address is by logging onto the USPS website at www.usps.com and clicking on "find a zip code." Enter your address and click the "submit" button. The USPS desired format for your address will be displayed. If you submit your address and it is not found, please consult with your local post office about the correct format for your address.

To ensure that the correct data transfers from our current administrative system to the new system, all address corrections must be made no later than March 31, 2008. Thank you for your assistance in this process.

Do You Need Help to Stop Smoking?

If you smoke and have tried to quit before, but were unsuccessful, you know how hard a habit it is to break. Most people make several attempts before they finally kick the habit for good — six to eight tries is the average.

We all know about the hazards of smoking. Smoking is the number one cause of avoidable deaths in the United States. Every year, more than 400,000 Americans die as a result of smoking. One out of every five deaths in the U.S. is due to smoking. Worldwide, four million people a year die from smoking — that's 11,000 people every day.

With escalating tobacco costs and the new state law banning smoking in public places, more people are trying to kick the tobacco habit. The State of Tennessee provides a program that might work for you.

Studies show that people who use a program to quit do better at quitting — and quitting for good — than those who try to go it alone. The state has a free program available to all Tennessee residents to help you quit for good. The Tennessee Tobacco QuitLine is a toll-free telephone service available at 1.800.QUIT.NOW that provides personalized support for Tennesseans who want to quit smoking or chewing tobacco. In this program you will

- Receive a free Tobacco Quit Kit
- Work with a free quit coach
- Learn to deal with tobacco cravings and other challenges

When you call the QuitLine the intake personnel will gather some basic personal information, including your tobacco history, and will assign you to a professionally trained quit coach. Your quit coach will help you understand how to quit tobacco and help you develop a plan that works for you. The plan will fit your needs and you have the same quit coach for a whole year. Your quit coach won't tell you what to do. They work with you to make changes that fit your life.

All calls are completely confidential; however, for training and quality assurance, some calls are recorded. There is no limit to the number of times you can call the QuitLine.

Even if you have used tobacco for decades, the benefits of quitting are considerable and immediate.

- Within 20 minutes of giving up tobacco, elevated blood pressure and pulse decrease
- In two days, nerve endings regenerate
- In two weeks, circulation improves
- In one to nine months, fatigue and shortness of breath decrease
- In one year, the risk of a heart attack is cut in half

So if you're ready to kick the nicotine habit, quit waiting and call for this

free program at 1.800.QUIT.NOW (1.800.784.8669). For the hearing-impaired, call 1.877.559.3816.

Records show that after 12 months, 25 percent of participants are tobacco-free. You have nothing to lose and a healthier future to gain.

For more information, you can visit the Department of Health's website at www.state.tn.us/health/ and click on the link for the QuitLine.

Benefits Administration Service Center

Benefits Administration, formerly known as the Division of Insurance Administration, is very excited to announce that we will be offering a centralized service center in the near future. This service center will allow us to better serve and assist our participating agencies and enrollees with their benefit needs.

Callers will be connected with the first available representative, who will be able to assist with any questions, changes or issues you may have regarding your benefits. Our number will not change and you can continue to reach us at 615.741.3590 or 1.800.253.9981.

If you prefer, you may email questions regarding eligibility and enrollment to benefits.administration@state.tn.us and a customer service representative will be happy to reply.

We look forward to the opportunity to further enhance our ability to provide quality customer service to you.

Your human resource office will continue to have a benefits coordinator available to help you with general questions and to provide any forms, brochures or insurance handbooks you may require.

notable

If you made changes in your insurance coverages during this year's annual transfer period, you will be provided with a letter outlining this information during December. Please review this information carefully to ensure that all changes you requested are listed. If there are errors or omissions, please contact your agency benefits coordinator to report the problem.

New health insurance ID cards will only be issued if you transferred to a different healthcare option during the annual transfer period.

If you are court ordered to provide coverage for your dependent children, you may not remove them from coverage without a second court order releasing you from this obligation.

All state-sponsored health insurance plans require all claims to be filed within 13 months of the date of service. This includes prescription drug claims. Network providers will file claims for you. However, claims for services rendered out-of-network or prescription drugs purchased from a non-participating pharmacy must be filed within the 13 month time period for reimbursement consideration.

To receive the maximum benefit available for mental health and substance abuse care, contact Magellan Health Services at 1.800.308.4934 prior to receiving any inpatient or outpatient care.

The state group insurance program will not provide medical benefits to any participant for expenses associated with a work-related injury. If you experience a work-related injury or illness, contact Benefits Administration about how this will affect your insurance.

Drug Pricing Tool for Cigna Participants

The prescription drug price quote tool on myCIGNA.com has been enhanced to provide state group insurance program members with new functionality. The tool has been streamlined into four easy steps that provide members with real-time drug price information on the selected target medication as well as lower-cost drug options.

New features include:

- A step-by-step indicator bar that helps you navigate through the process as well as helpful tips along the way to selecting medications, dosages and identifying where you would like to obtain your prescription.
- The tool provides a list of retail pharmacy locations for selection, beginning with the retail pharmacy you last used to purchase your most recent prescription. If you have not filled a prescription, the tool allows for pharmacy selection based on zip code or an address search.
- Retail pharmacy selections can be modified by expanding the radius of the search based on mileage.
- Google map functionality features "call-out" boxes that pin point the exact location of each retail pharmacy.
- In addition to the drug pricing for the target medication you requested, the tool will also provide pricing for available generics and low-cost therapeutically equivalent drug alternatives. This information can help you make cost-conscious decisions regarding available options.
- You can also print a helpful report that displays the drug pricing as well as a physician checklist on how to speak to your doctor and discuss health concerns and related medication options.

If you are enrolled in the Cigna HMO or POS, log-on to myCIGNA.com to learn more about these new features available to you.

Annual Dependent Verification

Unmarried children between the ages of 19 and 24 are eligible for coverage on the state-sponsored insurance plans as long as they are full-time college students or claimed on your federal income tax return.

Annually, the state group insurance program requires the various medical insurance companies to verify that covered dependent children between 19 and 24 still meet the criteria for eligibility. This request for verification will be sent to your home address in the form of a questionnaire. They are typically sent during February and March.

Employees are encouraged to complete and return the questionnaires received relative to these children as quickly as possible. ***Failure to respond to the inquiry will suspend coverage on that child until the information is provided.***

Disabled children who are unmarried may be covered as long as they were insured on the plan prior to their 24th birthday and they remain disabled. There is a filing requirement to ensure continuation of coverage. The initial disability determination will be made by the insurance company and annual proof of disability may be required.

As the policy holder, it is your responsibility to ensure that only those dependents that are eligible for coverage are listed. If you are unsure of the dependents currently listed on your policy, please call your agency benefits coordinator. All claims paid for ineligible dependents will be recovered.

We spend about one-third of our lives asleep, but sometimes sleep can be elusive.

Almost everyone has had transient insomnia — the inability to fall asleep once in a while, or waking up feeling tired. Chronic insomnia lasts longer. The common condition may be brought on by medical or psychiatric causes, such as colds, pain or depression. But ten percent of all insomnia occurs in the absence of any medical or psychiatric disorder, and is called primary insomnia.

Duke University offers these good sleep habits.

- Keep a schedule for when you get up, eat, take medicines and go to bed
- Establish a relaxing pre-sleep ritual, such as taking a warm bath, reading for ten minutes or having a light snack. This lets your body know that bedtime is near.
- Go to bed only when sleepy and get out of bed if you're not sleeping. By spending long periods awake in bed, your body learns that it's okay to be awake in bed.
- Exercise regularly. It's best to exercise in the late afternoon, about six hours before bedtime.
- Avoid caffeine, alcohol and smoking around bedtime.
- Don't nap. If you must, it's best to take naps in mid-afternoon.

If these habits aren't working, tell your doctor. More assessment and treatment may be needed.

Late Applicant Process Continues for 2008

Under the 1996 Federal Health Insurance Portability and Accountability Act (HIPAA), group health plans must generally comply with the requirement of non-discrimination against individual participants and beneficiaries based on health status. However, the law also permits state and local government employers that sponsor health plans to elect to exempt a plan from these requirements for self-funded options. All of the state-sponsored health options are self-funded; therefore, the State of Tennessee has elected to exempt the plans from the prohibitions against discriminating against individuals and beneficiaries based on health status in order to allow medical underwriting through a late applicant process.

By requesting this exemption, the state-sponsored plans will be able to continue the process that allows an eligible individual, who is not presently enrolled (late applicant), to enroll in the plan through a medical underwriting or proof of insurability process. The exemption from this federal requirement will continue for the plan year beginning January 1, 2008, and ending December 31, 2008. The election may, but is not required to be, renewed for subsequent plan years.

Eligible employees may apply for coverage for themselves and/or their eligible dependents by submitting medical information about each applicant. Employee eligibility must be verified by the employing agency and a non-refundable $60 application fee is required. Applications may be obtained from your agency benefits coordinator or you may print a copy from our website at www.state.tn.us/finance/ins/ from the publications and forms page.

This enrollment process is in addition to the special enrollment provision process for those who lose their health coverage due to a HIPAA qualifying event. Please see your *Insurance Handbook* for a list of qualifying events. In these instances, the medical underwriting process is not necessary. The special enrollment provisions require that application for coverage be made within 60 days of the qualifying event by submitting an *Application for Special Enrollment by Qualifying Event* and an *Enrollment/Change Application*.

Women's Health and Cancer Rights Act

Under the Women's Health and Cancer Rights Act of 1998, a group health plan participant who is receiving benefits in connection with a mastectomy is entitled to coverage for the following services:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas

Coverage for these benefits or services will be provided in a manner determined in consultation with the participant's attending physician.

Coverage for the mastectomy-related services or benefits required under the "Women's Health Act" will be subject to the same deductibles and coinsurance or copayment provisions that apply with respect to other medical or surgical benefits provided.

If you have any questions about your healthcare option, please call the customer service number on your member identification card.

Get the Most from Your Doctor Visit

The best way to assure you get the highest quality of medical care is to be an active participant. Prepare ahead of time for a visit to your doctor, whether it is for a routine checkup or for a specific illness.

Get ready for your doctor visit. Don't rely on your memory. Make a list of topics you want to discuss. Include symptoms that concern you, medication you are taking, questions about your overall health and questions about issues that might arise before your next scheduled exam. If you are seeing a doctor for a specific ailment, jot down relevant information, such as how long you have had symptoms, how intense they are, what precipitates any pain, what makes it better, any physical activity that might have caused the condition and how often it occurs.

If this is your first visit, make sure your doctor has your current medical records. You will need to tell the doctor's office who your previous doctor was, so that office can order your records. In addition, be prepared to answer a long list of questions about your health history, including previous illnesses, hospitalizations, accidents, operations or allergies. Bring the containers for any prescription and over-the-counter medications you are taking.

During your visit:

- Ask frank, specific questions about your condition
- Ask your doctor to explain the reasons for any medication, tests or course of therapy prescribed
- Ask questions about anything you don't understand
- Ask if there are other ways of treating your condition
- Make sure you understand your doctor's instructions well enough to follow them precisely

After your visit, follow written instructions exactly. If the instructions are not already written down, write them down to help you remember. If you find you can't follow the instructions for any reason, contact your doctor immediately. Keep up with the date and time of your next scheduled visit or the approximate date of your next routine exam.

It's important to have a doctor with whom you feel comfortable. For instance, some patients prefer a doctor who gives them choices in their care, while others prefer a doctor who makes decisions for them. If for any reason you don't feel you can communicate comfortably with your doctor, it is perfectly reasonable to find another doctor, even one within the same office.

Boning up on Osteoporosis

Osteoporosis is a silent disease of the bones that makes them weaken and prone to fracture. The disease is "silent" because there are no symptoms when you have osteoporosis, and the condition may come to attention only after you break a bone.

Although most humans' vertical growth ends around age 20, the body's building of bone tissue goes on for another two decades or so. Then, after 40, bones begin to deteriorate rather than grow. Luckily, each of us has some control over how quickly they deteriorate.

When calcium in the blood drops to too low a level, the body withdraws calcium from the bones. That reduces density and increases porousness of the bone tissue which allows the bones to break easily. On the other hand, if there is an overabundance of calcium in the blood, the body will deposit some of it in bone tissue, strengthening the bone.

It is especially important that women take steps to guard against it as they are more susceptible. It is estimated that one in three women and one in twelve men over the age of 50 have osteoporosis. Experts believe the reasons for that include the fact that women tend to grow less bone mass than men in the developmental years and that the loss of estrogen after menopause is known to reduce bone density.

Most people should take in about 1,000 milligrams of calcium per day — 1,500 per day for women past menopause. Beyond a healthy intake of calcium, here are other ways to fight osteoporosis and its effects:

- Be sure to get the proper amount of Vitamin D in the diet (between 400-800 IU/day) — Vitamin D helps the body absorb calcium
- Engage in weight-bearing exercise
- Stop smoking
- Avoid excess alcohol intake
- Treat underlying medical conditions that can cause osteoporosis
- Minimize or change medications that can cause osteoporosis; however, never stop taking any medication without speaking with your doctor

Dietary Sources of Calcium	
One serving of:	**Calcium (mg)**
Low-fat yogurt, plain	415
Sardines w/bones	324
Chedder cheese	306
2% milk	297
Whole milk	291
Tofu w/calcium sulfate	204
Orange juice	200
Salmon, canned w/bone	181
Cottage cheese	138
Spinach, cooked	120
Turnip greens, boiled	99

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